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2022 MAY 31 PM 12:15

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

22 CV 4475

CLAUDIO AMAURIS NUNTEZ-POLANCO

Write the full name of each plaintiff.

No. _____

(To be filled out by Clerk's Office)

-against-

COMPLAINT

(Prisoner)

M. CAPRA SUPERINTENDENT.

RAZIA FERDOUS F.H.S.D.

C.O. SUAREZ, C.O. MAISON SST. PAVEL-

SST. MITCHELL C.O. DEL ROSA P.A. NUNTEZ

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: THEY PUT H.I.V IN MY BODY AND NO WANT SILENCE
TREATMENT DRUGS TO KILL ME
TO HIDE THEY CRIME.

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

CLAUDIO AMARIS NUNEZ
 First Name Middle Initial Last Name

I NEVER USE DIFFERENT NAME.
 State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

01A3050 NEVER FOR JAIL BEFORE.
 Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

CLINTON Correctional Facility.
 Current Place of Detention

P.O. BOX 2000
 Institutional Address

Danmore New York 12929
 County, City State Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

- ☐ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
☒ Convicted and sentenced prisoner
☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

michael Capra
 First Name Last Name Shield #
SUPERINTENDENT
 Current Job Title (or other identifying information)
SINS SINS CORRECTIONAL FACILITY
 Current Work Address
OSSINING N.Y. 10562
 County, City State Zip Code

Defendant 2:

RAZIA FERDOUS
 First Name Last Name Shield #
FACILITY HEALTH SERVICES DIRECTOR
 Current Job Title (or other identifying information)
SINS SINS C.F.
 Current Work Address
OSSINING N.Y. 10562
 County, City State Zip Code

Defendant 3:

PA MUTA
 First Name Last Name Shield #
POSITION ASSISTANCE
 Current Job Title (or other identifying information)
SINS SINS C.F.
 Current Work Address
OSSINING N.Y. 10562
 County, City State Zip Code

Defendant 4:

C-D SUAREZ
 First Name Last Name Shield #
C-D
 Current Job Title (or other identifying information)
SINS SINS CORRECTIONAL FACILITY
 Current Work Address
OSSINING N.Y. 10562
 County, City State Zip Code

Sgt. Mitchell
Sins Sins Connecpbnal hae' Wry,
Sgt. PAVEL.
SANSANT
Sins Sins Conn hae
OSSININS, N.Y 10562.

C.O. MAISON
POLICE
Sins Sins Conn hae.
OSSININS, N.Y 10562
C.O. COLLINS on Colley
POLICE
Sins Sins Conn hae,
354 HUNTER STREET
OSSININS, N.Y 10562

C.O. DELA ROSA
POLICE
Sins Sins Conn hae.
354 HUNTER STREET
OSSININS, NEW YORK 10562.

C.O. GUZMAN
POLICE
Sins Sins Conn hae.
354 HUNTER STREET
OSSININS, NEW YORK 10562.

V. STATEMENT OF CLAIM

Place(s) of occurrence: SINS SINS CORRECTIONAL FACILITY

Date(s) of occurrence: OCTOBER 14-2021 INTO APRIL 20-2022

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary. when I was sent to SINS SINS C-4

I WAS WRITING EVERYDAY TO SUPERINTENDENT MICHAEL CAPRA
TO GET HIS ASSISTANCE TO GET TREATMENT FOR H.F.V. BUT
HE NEVER REPLY TO ME, and when I was call ALBANY 444
OSF HE PUT HIT ON MY TRYING TO KILL ME THE SHOWING
ME TWO TIMES MARCH-18-2022 and MARCH-25-2022
one for 5-C-23 CELL 12:42 AM OTHER 5-D-62 CELL 10:30 PM.
IN THE REPLY OF THE SUPERVISOR SS-0683-21 THE F.H.S.O
DOCTOR FENDOUS SAY WHEN I RECEIVED TREATMENT FOR H.F.V
THAT WAS A SERIOUS CRIMINAL LIFE. IN MARCH-18-2022
AT 6:50 PM C.O SUAREZ MAISON COLLINS SST PAVES JOHN DOE
PUT INSIDE MY CELL 5-C-23 TRYING TO KILL ME. C.O
SUAREZ GUZMAN GIVE THE PORTEN IN C-COMPANY
and D-COMPANY IN 5 BUILDING WEAPON GUN KNIFE
HEMMEN GASOLINE KEY TO THE CELL DOOR TO TRYING
TO GET ME KILL. IN APRIL 19-2022 AT DINNER TIME
M. CAPRA USE C.O SUAREZ and MAISON SEND 4 FORMER
TO YUMP ME and BEAT ME PUT SPRAV IN MY EYES
C.O SUAREZ MAKE MY BLIND and TAKE MORE OF 50 MINUTE
TO TAKE THE OFF MY EYES and IN THE HOSPITAL WHEN
I WAS HENDOLF BEHIND MY BACK 3 POLICE BEAT ME
and TRYING TO PUT ME IN THE STONE ROOM TO KILL
ME AFTER 5 PM MEDICATION.

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ON 2/10/2022 THE PH. MARTIN MURKINS TO PUT.
 COVID-19 - IN MY BODY USE DIRTY MEDICAL I WAS
 REFUSE. MY BODY CONTINUE TO DETEND HERE

BECAUSE THE CRIMINAL SADISTIC TREATMENT
 I RECEIVED THE BLOOD TEST OF MAY-20-2021
 PROOF WHAT I'M POSITIVE OF H.F.V AND IN
 OCTOBER-27-2021 THE NURSE SUEAL PA SAY
 WHAT THE TEST HE MAKE I WAS NEGATIVE.

ON DECEMBER-2-2022 SGT BROOK SEND SOMEONE
 TO HIT ME IN MY BACK IN THE MESS HALL OTHER
 BY SUPERINTENDENT M. COFFIN. ON 4/7/2022
 2 POLICE AND A SGT. 12. I WERE HIT AND PUT ME IN P.S.U
 INJURIES: play criminal game with my body 15 day.

If you were injured as a result of these actions, describe your injuries and what medical treatment,
 if any, you required and received.

H.F.V AFTER IT. BLACK
 EYES, BAD NOSE MOUTH BRUISE BWSER.

THEY POISON ME IN THE POOL C-O SUAREZ
 LOT MENTAL INSURE, STARVING HUNGRY

USE WE PUT ME ON P.S.U 4/7/2022 INTO 4/15/2022
 GIVE EMPTY TRAY BREAKFAST LUNCH. I WAS LOSS 15 POUND
 PUT POISON DAMAGE MY LIVER

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

THE FIRST THING REQUESTING IS TO BE SEND
 TO A HOSPITAL OUTSIDE OF DEPARTMENT OF CORRECTION
 TO GET TREATMENT FOR H.F.V AND TO GET
 FULL MEDICAL EXAMEN. I NO SLEEPING WITH A LOT
 PAIN IN MY ABDOMEN THE LIVER SIDE AND
 CONTINUE LOSSING WEIGHT THE MONEY I LEAVE IT
 SONY HAND I WANT MEDICAL TREATMENT,
 A.S.I.P AND GO FRONT THE JUDGE
 A.S.I.P

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

may 24-2022
 Dated
CLAUDIO AMARI'S NUMBER
 Plaintiff's Signature
CLAUDIO AMARI'S NUMBER
 First Name Middle Initial Last Name
P.O. BOX 2000
 Prison Address
Dannemora N.Y. 12929
 County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: may-24-2022

DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

CLINTON CORRECTIONAL FACILITY

P.O. BOX 2000

DANNEMORA, NEW YORK 12929

NAME: CLAUDD NUNEZ DIN: 01A3050



FIRST-CLASS MAIL
AGE \$000.00

ZIP 12929
041M1127205

Correctional Facility

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CLINTON CORRECTIONAL FACILITY
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TD: PRO SE INTAKE UNIT, CLINTON

UNITED STATES DISTRICT COURT,
SOUTHERN DISTRICT OF NEW YORK
THE DANIEL PATRICK MAYNARD
UNITED STATES COURTHOUSE
500 PEARL STREET
NEW YORK, NEW YORK 10007-1312

Confidential
LSDH mail

